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Immunizing Values of Toxoid and Toxin-antitoxin Various Antirabic Vaccines and Vaccine Paralysis



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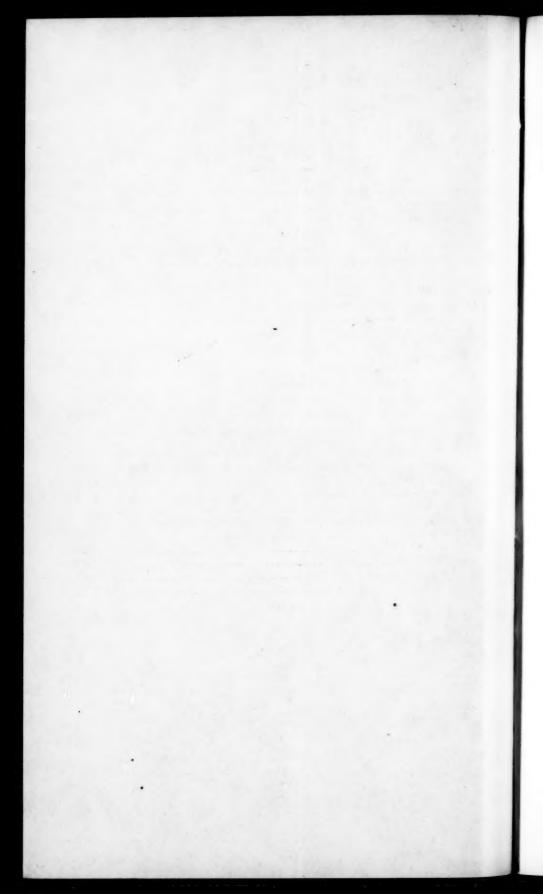
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## THE IMMUNIZING VALUE OF DIPHTHERIA TOXIN-ANTI-TOXIN MIXTURE AND OF DIPHTHERIA TOXOID 1

By W. T. Harrison, Surgeon, United States Public Health Service, National Institute of Health (formerly Hygienic Laboratory), Washington, D. C.

The value of diphtheria toxin-antitoxin mixture in rendering susceptible individuals insusceptible to diphtheria has become so well grounded in public-health practice as to require no comment.

Following the introduction by Ramon of diphtheria toxoid (anatoxine), this product has come more widely into use, and it would seem advisable to compare its activity in human beings with the older product whenever the opportunity offers. It is generally accepted that toxoid is more effective in immunizing laboratory animals, and the claim has been made that the immunity in children following its use appears earlier than that following the use of toxinantitoxin mixture.

In the course of work at the Hygienic Laboratory, now the National Institute of Health, in an attempt to develop an official antigenic test for toxin-antitoxin mixture, an opportunity was presented to observe the results following the use of the two products in comparable groups of school children. In the two groups of white children used for comparison, all were Schick-tested before immunization and again after the stated interval following the last immunizing injection. The toxin used for these tests had been kept at 5° C. for three years following preparation, and the M. L. D. was accurately determined before beginning the work. Dilutions were always made on the morning of the tests, and all diluted toxin was used before noon of the same day. The Schick dose was 1/50 M. L. D. in a volume of 0.1 c. c. The test in children who received toxin-antitoxin mixture was controlled with heated toxin, and in those who received toxoid by toxoid diluted 1 in 20 with physiological salt solution. Readings were made on the third or fourth day, and all children who gave a positive reaction to the toxold control were immunized with toxinantitoxin mixture.

<sup>&</sup>lt;sup>1</sup> Presented at the Forty-Fifth Annual Conference of State and Provincial Health Authorities of North America, Washington, D. C., June 20, 1930 (held jointly with the Twenty-eighth Annual Conference of State and Territorial Health Officers with the United States Public Health Service).

The toxin-antitoxin mixtures used contained 0.1 L+ dose of toxin per cubic centimeter and were from (1) routine samples submitted by the manufacturers for test prior to release for distribution, (2) special lots furnished by the manufacturers for use in this work, and (3) one special lot prepared at the National Institute of Health. All lots were carefully tested for toxicity in guinea pigs and fell within the range which is considered proper for this product. All were kept in the cold room at 5° to 10° C. until used. It is believed that the mixtures used in these children may be considered at least equal to the product available in the open market, since storage conditions following preparation were ideal.

The toxoid was furnished by five manufacturers, upon request, in the same manner as were furnished the special lots of toxin-antitoxin mixture. All lots of both products may be taken as routine samples from the various producers, no effort having been made to select

highly antigenic lots of either.

The ages of the children ranged from 1 to 16 years, a few preschool children being brought to the school buildings by the parents to receive the injections. These children are included among the 5-year olds.

Table 1 shows the results, by manufacturer and lot number, from three doses of toxin-antitoxin mixture, 1 c. c. each at 7-day intervals in 362 Schick-positive white children. The column headed "Interval (days)" gives the time elapsing between the last dose of toxin-antitoxin mixture and the post-Schick tests. The great variation in antigenic efficiency of different lots is readily seen; 64 per cent of the

entire number were rendered Schick negative.

Table 3 shows the results from immunization with diphtheria toxoid in 476 Schick-positive white children. The product from manufacturer "V" was given in three doses of 0.5, 0.5, and 1.0 c. c. each, at intervals of seven days, the interval for toxin-antitoxin doses. The toxoids from "W," "X," and "Y" were given in two doses of 1 c. c. each at a 31-day interval. The toxoid of manufacturer "Z" was given in two doses of 1 c. c. each, with a 42-day interval, the additional 11 days being due to a fire occurring in the school. For this reason the interval between the last immunizing dose and the post-Schick test was reduced to 90 days. It is seen from this table that the poorest results from toxoid were better than the best from toxin-antitoxin mixture; 95 per cent of the entire number were rendered Schick-negative. The L. F. value per c. c.—that is, the number of units of antitoxin required to flocculate 1 c. c. of toxoid—is shown in the last column of Table 3.

The negro children who received three doses of toxin-antitoxin mixture have not been used in comparing the results obtained from the two products; but since the figures are available, they are given for their general interest and to compare them with white children

receiving the same product. In the negro children the preliminary Schick test was done with a check-tested, commercial product. The human dose was 1/50 M. L. D. in a volume of 0.1 c. c. The post-Schick test was done with the same National Institute of Health toxin, which was used in the white children. The results by manufacturer and lot number are shown in Table 2. In 387 Schick-positive negro children 68 per cent were rendered Schick-negative. Results of preliminary and post-Schick tests by ages are shown in the last four columns of Table 4.

Table 4 was prepared to show the per cent of susceptibles in the different age groups and the per cent of susceptibles of different ages rendered immune by toxin-antitoxin mixture or toxoid. The small numbers of children above 14 years are omitted as not affecting the final figures. The preliminary Schick test in the white children who received toxin-antitoxin mixture gave 75 per cent positive reactions while those who received toxoid showed 61 per cent positive to the preliminary test. The toxoid group contained a larger proportion of older children than the toxin-antitoxin mixture groups; and, when this difference in ages is adjusted by rearranging the figures for the toxoid group to give the same age distribution as in the toxin-antitoxin mixture group, 6 of the 15 per cent difference disappears, leaving 76 per cent susceptible in the group which received toxin-antitoxin mixture and 67 per cent corrected for the groups which received toxoid. Correcting for the difference in ages in the two groups for the post-Schick test, the percentage of negative reactors in those who received toxoid is slightly increased (95.8 per cent).

The differences in the economic status of the two groups of children were so slight as to be without influence upon susceptibility. A considerable number stated that they had already been immunized either in other schools or by the family physician; but no attempt was made to take these reports into account, since with no effort toward selection this factor should tend to equalize itself in the two groups.

The superiority of toxoid over toxin-antitoxin mixture in these two groups of children as measured by the Schick test is very apparent, 95 per cent rendered Schick negative by the former as compared with 64 per cent by the latter.

Twenty-seven children (4 per cent) tested with diluted toxoid as a control to the Schick test reacted positively to the control; three of these were younger than 8 years. In order to avoid the possibility of reaction due to sensitivity to the products of the diphtheria bacillus, these 27 children were immunized with toxin-antitoxin mixture. Among the 476 children receiving toxoid, no local or general reactions were reported. Careful inquiry was made of the school authorities but no disturbance following a dose of toxoid was sufficiently definite to be recalled at the next visit.

For immunizing young children, including 6-year olds, without preliminary Schick-testing, and older children who react negatively to a diluted toxoid control of the Schick test, diphtheria toxoid seems to be practically an ideal agent both on account of the complete absence of local or general reactions and the very high percentage of successful immunizations following two injections.

The usual toxin reactions were observed in children receiving toxinantitoxin mixture, consisting of swelling and redness, but not severe

enough in any case to require special attention.

Acknowledgments.—The writer's appreciation is due Surgs. M. V. Veldee and L. M. Rogers for assistance in performing certain post-Schick tests, and to Laboratory Assistant B. T. Sockrider for technical assistance during the entire study. Dr. W. C. Fowler, health officer for the District of Columbia, kindly permitted the work to be done in the District schools and detailed to the work Miss Katherine Douglass, public health nurse, whose assistance was most valuable.

## CONCLUSIONS

- 1. In 475 school children diphtheria toxoid gave an immunity response, as measured by the Schick test, of 95 per cent as compared with 64 per cent in 355 children receiving 0.1 L+dose toxin-antitoxin mixture.
- 2. No local or general reactions were reported in children receiving toxoid; those giving reactions to intracutaneous test injections of diluted toxoid having been removed from the group.
- 3. Two doses of 1.0 c. c. each, with an interval of one month, produced a negative Schick reaction in a high percentage of subjects.

## (Tables 1-4 follow)

Table 1.—The preliminary Schick reaction in a group of white children of both sexes and ranging in age from 1 to 16 years; and the changes produced in the positive reactors by the injection, at weekly intervals, for three doses, of 1.0 c. c. 0.1 L+diphtheria toxin-antitoxin mixture

		Prelir Schie	ninary k test		Post-Schick test		
Manufacturer	Lot No.	Number of children	Per cent positive	Interval (days)	Number of children	Per cent negative	
C	2 3 4 7	39 46 60 142	74 74 80 79	122 122 123 179	16 19 20 79	69 68 65 61	
D	4	160	79	203	82	73	
Е	3	115	66	178	43	35	
G	1	- 51	80	122	29	66	
1	1	47	77	123	15	67	
L	1	110	77	133	59	73	
Total		770	76		362	64	

Table 2.—The preliminary Schick reaction in a group of negro children of both sexes and ranging in age from 1 to 16 years; and the changes produced in the positive reactors by the injection, at weekly intervals, for three doses, of 1.0 c. c. 0.1 L+diphtheria toxin-antitoxin mixture

		Prelin Schie	ninary k test			Schick
Manufacturer	Lot No.	Number of children	Per cent positive	Interval (days)	Number of children	Per cent negative
Α	1	23	78	123	8	25
В	1 2 3 4	56 36 74 52	84 75 78 85	123 122 123 123	20 16 12 16	70 63 83 88
С	1 5 6	73 68 47	73 65 79	123 123 107	22 15 11	41 67
D	1 2 3	51 171 158	76 62 75	123 103 103	18 53 60	82 44 68 73
E	1 2 3	33 32 129	76 66 62	122 123 195	13 8 57	62 63 75
F	1	35	63	122	9	56
н	1	67	75	123	10	60
1	2	29	90	123	11	82
J	1	15	73	123	7	71
к	1	59	66	107	12	83
L	1	30	57	133	9	89
Total		1, 238	71		387	68

Table 3.—The preliminary Schick reaction in a group of white children of both sexes and ranging in age from 1 to 16 years; and the changes produced in the positive reactors by the injection of diphtheria toxoid

			ary Schick est		Post Sc		
Manufacturer	Lot No.	Number of children	Per cent positive	Interval (days)	Number of children	Per cent	L. F. per c. c.
V 1	1 1 1 1 1	225 143 323 267 170	61 70 58 61 55	133 119 116 119 90	86 72 128 118 72	92 92 95 96 99	11 0 8 4
Total		1, 128	61		476	95	

<sup>1</sup> Immunizing doses 0.5, 0.5, and 1.0 c. c., 7-day intervals.
2 Immunizing doses 1.0 and 1.0 c. c., 31-day interval.
3 Immunizing doses 1.0 and 1.0 c. c., 42-day interval.

Table 4.—The age distribution of the white and negro children receiving the preliminary and the post-Schick test, the per cent positive on preliminary test and the per cent rendered negative by immunization with toxin-antitoxin mixture or toxoid

				Whit	e childr	en			-1	Negro children			
	Preli	minary	Schiel	test	I	ost-Sc	hick tes	st	Preliminary Schick test		Post-Schick test		
	Toxin-anti- toxin mixture Toxoid		Toxin-anti- toxin mixture		Tos	Toxold		Toxin-anti- toxin mixture		Toxin-anti- toxin mixture			
	Num- ber tested	Per cent positive	Num- ber tested	Per cent posi-tive	Num- ber tested	Per cent nega- tive	Num- ber tested	Per cent negative	Num- ber- tested	Per cent positive	Num- ber tested	Per cent negative	
5 and under	87 135 112 91 91 69 51 44 44 22	90 85 84 74 74 72 67 61 68 41	52 138 157 133 137 150 125 111 57	92 81 73 65 59 49 53 54 39 85	35 67 63 42 48 - 35 23 18 19 5	63 73 62 59 58 60 69 61 63 60	21 75 73 65 61 56 46 47 18	100 88 95 97 95 96 100 94 100	106 219 237 221 138 105 84 88 42 18	85 87 77 73 62 59 57 48 59 44	27 77 72 89 38 32 20 12 14 5	81 75 64 62 63 72 75 91 57	
Total	746	76	1, 109	61	355	64	475	95	1, 228	72	386	60	

## ANTIRABIC VACCINE PARALYSIS

## CONSIDERATION OF VARIOUS VACCINES<sup>1</sup>

By G. W. McCox, Director, National Institute of Health (formerly Hygienic Laboratory), United States Public Health Service

More or less serious paralytic manifestations following antirabic vaccinations have been recognized since the earliest experience with the method, even during the days of Pasteur.

While the occurrence of paralysis during the course of, or following, antirabic treatments is not common, it occurs often enough to constitute a factor that must be weighed when we are considering the question of advising treatment. In connection with most biologic agents used as prophylactics, the question of the hazard due to, or associated with, the prophylactic agent itself must be kept in mind; for example, only last winter, through the courtesy of Surg. J. P. Leake, of the Public Health Service, I saw a practically complete paraplegia due to the use of tetanus antitoxin as a prophylactic. We must recognize and remember that acute anaphylactic shock is not the only unpleasant sequel of some of our prophylactic agents of a biologic nature.

The essential cause of the paralysis that develops in connection with antirabic treatment is not known. Usually it is regarded either

<sup>&</sup>lt;sup>1</sup> Presented at the Twenty-eight Annual Conference of the State and Territorial Health Officers with the United States Public Health Service, Washington, D. C., June 18, 1930 (held jointly with the Forty-fifth Annual Conference of State and Provincial Health Authorities of North America).

as a modified form of rabies (street virus), as a manifestation of the action of fixed rabies virus; or as a toxic, or an anaphylactic, action due to the introduction of a foreign protein, in this case the central nervous system of the rabbit. In discussing this subject in 1913, Surgeon Hasseltine (Public Health Reports, October 24, 1913) gave the following as the chief theories of causation:

(a) That it is due to anaphylaxis resulting from the injection of foreign animal tissue (rabbits' cord);

(b) That it is due to a "toxin" elaborated by the specific organism of rabies: (c) That it is due to rabies resulting from street virus received

at the time the bite was inflicted;

(d) That it is due to rabies resulting from fixed-virus infection;

(e) That it is due to infection with extraneous organisms introduced with the virus during treatment; and

(f) That it is due to hysteria and other neuro-psychologic dis-

orders.

Perhaps at the present time one would like to add the suggestion that the antirabic vaccines may activate a virus lying dormant in the body, or may serve to enhance susceptibility to an ordinarily nonpathogenic virus. Another thought that will occur to one familiar with the frequency of pathological processes in the central nervous system of rabbits is the possibility of the occasional susceptibility of man for a virus normally, or perhaps we had better say, commonly, found in rabbits.

As predisposing causes there are mentioned alcoholism, overexertion, and exposure; but one doubts the essential importance of any of these.

There are some interesting features in connection with the clinical aspects to which I wish to refer briefly. The complications nearly always affect adults. The time of onset varies, from as early as the sixth day from the inauguration of the treatment to as late as the twentieth, exceptionally even longer. The onset may be with general symptoms-vomiting, lumbar pains, chilliness, and fever-certainly suggestive of an infectious process. The paralysis of a muscle or group of muscles is often preceded by sensory symptoms such as pain, numbness, or tingling. The extent of paralysis varies from a single muscle or group, as the facial muscles, to a complete paraplegia with ascending paralysis that ends in death in a few days through failure of respiration. Termination may be by death, which is unusual though not rare, by complete recovery in the course of a few. weeks or a few months, or by partial recovery. Death may be due to respiratory paralysis, to bed sores, or to cystitis.

Fielder (Jour. A. M. A., June 31, 1916, vol. 66) puts the reported death rate as 16.2 per cent, but points out that probably this is too high, as severe and fatal cases are those most likely to be reported.

When we inquire as to its frequency, we find a most bewildering variation in figures from different institutes and from different countries. Thus in figures recently collected from Italy by the health committee of the League of Nations we find a report of 34 cases among 18,502 persons treated—1 in each 574; while from Russia there were 32 cases among 176,455—1 in each 5,514. In other words, the condition is about 10 times as frequent in the Italian experience as in the Russian, and this difference is by no means an isolated example.

A few years ago we collected data from a number of producing establishments in the United States and learned of but 3 cases of paralysis among about 20,000 treatments.

In our experience in the Hygienic Laboratory there were, during the nearly 13 years in which we produced antirabic vaccine, 4 known cases among over 1,800 persons treated.

When this subject was assigned to me for presentation at this time, I collected the data from a number of licensed producers and from several that do not have a Federal license, paying particular attention to the methods of treatment employed in relation to the frequency of paralysis. These figures cover the 15-month period from January 1, 1929, to April 1, 1930; they are presented in the following table:

Type of treatment	Cases treated	Cases of paralysis reported	Ratio	Remarks
Killed virus (Semple method and modifications)	17, 645	6	1:2,941	
Frozen and desiccated virus (Harris method and modifications).	4, 148	2	1:2,074	2 recovered.
Living diluted virus (Hoyges method and modifica- tions).	2, 593	0	.0	
Attenuated virus (Pasteur method)	1, 077	0	. 0	

Clearly these figures fail to give us any clue as to the relative hazard of the several forms of treatment dealt with. Indeed, if any one method of treatment had been proved by experience to have a definitely higher paralysis rate than others, that method would naturally disappear from use, unless it had some very marked advantage from some other point of view. I suspect that the number of cases in the present series is below the number that actually occurred; otherwise it is difficult to reconcile our high incidence of 1 case in about each 450 treated in the Hygienic Laboratory with the failure to secure a report of a single case in the over 1,000 treatments reported in this series. I am further influenced in the suspicion that the number is too low by the high death rate (50 per cent) among those reported here.

What to do when paralysis appears if it develops before the treatment is completed, is a question; one has good authority for either

continuing with the treatment or stopping the inoculations. Generally speaking, the decision should rest on the urgency of treatment from the point of view of the hazard of rabies. So far as I know, there is no particular medicinal treatment for cases of paralysis that have developed.

With the data at hand I regret that we have no grounds for recommending, or discouraging the use of any form of treatment, nor have we any other suggestions as to how these unfortunate cases may be obviated.

## CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES 1

June 15-July 12, 1930

Poliomyelitis.—The infantile paralysis situation in California, to which attention was called in the previous summary,<sup>2</sup> has grown more serious, and the incidence has risen rather sharply in other sections. Poliomyelitis is a warm-weather disease, and a seasonal rise is normally expected beginning in the late spring or early summer; but the current increase in the United States is considerably greater than the expectancy. From June 1 to the date of the latest reports available at this writing (week ended July 19), there were reported an aggregate of 896 cases in the 43 States regularly tabulated. During the corresponding period of 1929 there were but 232 cases reported; in fact, it would be necessary to go back more than seven years to find an equivalent rise at this season.

Slightly more than half of the cases (480) were reported from California; but even if these are deducted from the national total, the reports for the remainder of the country represent an increase of 79 per cent over the figures for the corresponding seven weeks of last year.

An examination of the regional distribution (Table 1) shows that the attack rates are, in all sections except the Atlantic coast, from 3 to 13 times as high as for the corresponding period of last year. The table also shows that the more western groups of States have higher rates than the central and eastern groups.

<sup>&</sup>lt;sup>1</sup> From the Office of Statistical Investigations, U. S. Public Health Service. This summary is made up from weekly telegraphic reports received by the Public Health Service from State health departments. These reports are published weekly in tabular form in the section of the Public Health Reports entitled "Prevalence of Disease."

The numbers of States included under the various diseases are as follows: Typhoid fever, 41; poliomyelitis, 43; meningococcus meningitis, 42; smallpox, 42; measles, 38; diphtheria, 42; scarlet fever, 41; influenza, 31, <sup>2</sup> Public Health Reports, June 20, 1930, p. 1421.

Table 1.—Poliomyelitis case rates, by geographical divisions, June 1 to July 19, 1930, inclusive, and comparative rates for 1929

	19	030	1929			
Division	Cases reported	Rate per 1,000,000 population	Cases reported	Rate per 1, 000, 000 population		
Pacific and Mountain. South Central. West North Central. East North Central New England and Middle Atlantic. South Atlantic.	508 185 56 46 65 36	46, 5 9, 9 4, 2 2, 5 2, 9 3, 1	38 44 19 16 68 47	3.5 2.3 1.4 .9 3.0 4.0		
All regions	896	9.4	232	2.4		

Table 2.—Poliomyelitis attack rates in States with high rates, June 1 to July 19, 1930, inclusive, and comparative rates for 1929

	15	)30	1929		
State	Cases reported	Cases per 1,000,000 population	Cases reported	Crsrs per 1,000,000 population	
California. Louisiana	480 110 5	102. 6 56. 2 12. 5	29 0 2	6. 2	
Oklahoma North Carolina Arizona Minnesota	30 33 5 28 15 21	12. 2 11. 1 10. 2 10. 2	35 1 6	11. 7 2. 0 2. 2	
KansasIndiana	15 21	8.1 6.6	1	2.	

Within individual regions, the distribution is markedly uneven. Thus, California furnishes about 95 per cent of the cases in the Pacific and Mountain groups of States; Louisiana furnishes almost as many as all the other Southern States combined; Massachusetts dominates the New England rate, although its attack rate (3.6 per million) is still low in comparison with the Western rates. Table 2 shows individual States reporting the highest rates. In this connection, it should be borne in mind that for a disease as difficult to diagnose in its atypical forms as is poliomyelitis, the case rates are probably very much understated, particularly in those regions where the incidence has not yet become a subject of discussion.

Meningococcus meningitis.—The meningitis incidence showed a decline which was greater than would be expected on seasonal grounds alone. During the 4-week period, 342 cases were reported, as compared with 470 during the preceding period, and with 570 during the corresponding period of last year. During the week ended July 5, there were noticeable flare-ups in three States—New York State, California; and Michigan. Whether this coincidence is due to anything more than chance, it would be difficult to state at this time.

Smallpox.—The incidence of smallpox, though declining seasonally, maintained its excess over the average experience of recent years. Reported cases numbered 2,608, as compared with 1,890 for the corresponding period in 1929, and with 1,748 for the same period in 1928. The highest rates occur in the North Central States (i. e., the Great Lakes region and west thereof), on the Pacific Coast, and in Oklahoma in the South.

Diphtheria.—There was another gratifying decline in diphtheria to a record low level, taking season into consideration. During the 4-week period of this report, 2,911 cases were reported, as compared with 4,522 during the same period last year. During the past five months, every week has established a low diphtheria record in relation to the corresponding period of previous years.

Influenza.—The decline in influenza from the previous 4-week period was somewhat greater than the seasonal expectancy, and the incidence is at a low level in relation to that of recent years. Reported cases numbered 390, compared with 480 for the same period of last year.

Measles.—The incidence of measles was above the average for this season. The reports showed 27,848 cases, as against 20,284 for the same period last year.

Scarlet fever.—The incidence of scarlet fever continues to be the lowest for the season during recent years. There were 5,443 cases reported, as compared with 6,264 for the same period last year.

Typhoid fever.—The recent favorable record for typhoid fever was maintained. The number of reported cases, 1,726, was only slightly above the low record established last year, when 1,682 cases were reported during the corresponding 4-week period.

In recent years there has been a second interesting change in the typhoid fever curve, in that the peak incidence has been occurring earlier in the year than formerly. In 1926, the peak came about the middle of September; in 1927 and 1928, about the third week of August; and in 1929 about the first week of August. This change has apparently resulted because the declines in the case rates have been more pronounced during the late summer than during the earlier months. It will be interesting to note whether this tendency will continue into the present year.

Mortality, all causes.—The mortality rate for large cities, as reported by the Bureau of the Census, was about normal, as compared with previous years. The average weekly rate (annual basis) was 11 per 1,000 inhabitants.

## COURT DECISION RELATING TO PUBLIC HEALTH

Milk ordinance held void because in conflict with State statutes .-(Connecticut Supreme Court of Errors; Shelton v. City of Shelton et al., 150 A. 811; decided June 2, 1930.) An ordinance of the city of Shelton made it unlawful to sell at retail any milk or cream unless produced from tuberculin-tested cattle or pasteurized. The city charter authorized the city to adopt ordinances "to license milk dealers and to regulate the sale and manner of distribution of milk and to prohibit the sale thereof unless in accordance with such regulations." In the same charter section, in dealing with foodstuffs, the power was given to adopt ordinances "and to prohibit the sale thereof [foodstuffs] when in such condition as to endanger the public health." A State law provided that certain specified statutory provisions should not "affect the authority of any \* \* \* city \* \* to enact ordinances or by-laws for the control, regulation, sale or distribution, within its limits, of milk which may be detrimental to public health."

The plaintiff was a registered producer of milk under the State laws and a licensed milk dealer under the ordinances of the defendant city. The milk produced and sold by him had been tested and analyzed periodically and found to be particularly clean and pure and not detrimental to public health in any way. In an action brought by the plaintiff, the question was presented to the supreme court as to whether the city of Shelton had the power to adopt the ordinance providing that milk or cream sold at retail should be produced from tuberculin-tested cattle or be pasteurized. The court examined in detail the State statutes dealing with milk and cream and stated that "The statute law recognizes at least five kinds of milk and makes all five lawful provided the statutory provisions are complied with in their production and sale, viz: Raw milk, tuberculin-tested milk, pasteurized milk, grade A milk, and certified milk." The court said that "The city of Shelton was without power to enact an ordinance prohibiting the sale at retail of any one of these kinds of milk which are authorized by statute," and held that the ordinance conflicted with the statutes of the State and was, for that reason, void.

## PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

## UNITED STATES

## CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

## Reports for Weeks Ended August 2, 1930, and August 3, 1929

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended August 2, 1930, and August 3, 1929

	Diph	theria	Infl	ienza	Me	asles		gococcus ngitis
Division and State	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929						
New England States:								
Maine	5	2			14	20	0	
New Hampshire	4				7	13	0	
Vermont	1				6	5	0	
Massachusetts	27	54	2		94	49	0	
Rhode Island	2	2			2	10	Ö	
Connecticut	4	12	1	1	10	36	2	
Middle Atlantic States:		-				-	-	
New York	66	126	12	14	291	162	11	1
New Jersey	26	62	2	5	113	29	7	1
Pennsylvania	55	104	-		254	179	5	
East North Central States:	00	400			202	1.0		
Ohio	38	18	3	2	55	7	5	
Indiana	7	15	i	-	8	67	8	
Illinois	66	91	17	14	18	126	11	1
Michigan	15	88	11		60	- 66	8	4
Michigan		18		16				1
Wisconsin	10	18	2	10	88	184		
Vest North Central States:				-			_	
Minnesota	11	11	1		38	13	2	
Iowa		2				13	0	
Missouri	13	14			16	12	5	
North Dakota		8			1	41	0	6000
South Dakota	1	1			9	5	1	400
Nebraska	7	2			6	49	0	
Kansas	6	7	4		22	54	1	F4 .
outh Atlantic States:		100			100	0.00		100
Delaware					3	3	0	
Maryland 1	9	15	2	1	11	3	1	
District of Columbia	4	6	1		20	2	0	TAN 1
Virginia					-		1	
West Virginia	5	3	8		28	23	0	
North Carolina	34	45			15	-0	2	
South Carolina.	24	20	47	119	40	1	2	
Georgia	24	12	7	2	19	17	1	
Florida	6	11		2	19	11	-	

<sup>1</sup> New York City only.

<sup>1</sup> Week ended Friday.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended August 2, 1930, and August 3, 1929—Continued

	Diph	therla	Infl	uenza	Me	asles	Menin	gococcus ingitis
Division and State	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929
East South Central States:					4		1	
Kentucky	3 5 6	5 13 19	1	7	13	5	3 2 0	
Louisiana Oklahoma <sup>8</sup>	1 6 6 33	1 12 12 28	2 2	5	3 6	6 16 10	0 3 2 1	
Texas Mountain States: Montana Idaho Wyoming	1 1	9			2	45 1	2	
Colorado	5 6	3 6 - 2	1	1	18 8 13 3	1 8 4	0 0 0	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Utah <sup>2</sup> Pacific States: Washington Oregon California	3 3 35	6 8 36	2 10	1 12	40 26 158	30 22 34	3 1 5	2
	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
Division and State	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929
New England States: Maine New Hampshire Vermont Massachusetts Rhode Island Connecticut	0 0 0 13 2 1	0 0 1 1 0 0	4 1 1 41 4 7	6 1 4 64 1 11	0 0 0	0 0 3 0 0	6 0 0 6 0 2	2 0 0 9 1 10
Middle Atlantic States: New York New Jersey Pennsylvania East North Central States:	13 2 1	11 1 5	70 17 78	54 30 76	0 0 1	0 0 1	18 3 40	25 17 38
East North Central States: Ohio Indiana Illinois Michigan Wisconsin West North Central States:	12 2 4 2 1	1 0 1 9 0	97 20 52 47 21	46 105 78 67 26	21 40 19 25 2	15 53 14 37 15	46 15 46 7 2	18 10 41 7 2
Minnesota Iowa Missouri North Dakota South Dakota Nebraska Kansas	10 4 3 0 2 0 6	0 0 1 1 0 0 0	18 8 16 6 2 1	17 16 12 18 5 3 17	4 22 15 11 1 10 12	14 7 4 19 11 12	2 4 25 0 3 7 17	5 5 12 1 2 1 18
South Atlantic States: Delaware	1 2 0	0 1 0	1 7 2	2 13 4	0 0	0 0	6 34 6	1 23 5
Virginia. West Virginia. North Carolina. South Carolina. Georgia. Florida.	1 2 0 2 0 3 2 0 0	14 1 3 1 0 0	13 85 2 14 1	17 34 8 5	4 0 3 0 0	4 0 0 0 0	35 70 83 71 3	31 58 87 43 2

Week ended Friday.
 Figures for 1930 are exclusive of Oklahoma City and Tulsa.

Cases of certain cummunicable diseases reported by telegraph by State health officers for weeks ended August 2, 1930, and August 3, 1929—Continued

	Polion	nyelitis	Scarle	t fever	Smallpox		Typhoi	id fever
Division and State	Week ended Aug. 2, 1930	Week ended Aug. 3, 1929						
East South Central States:								
Kentucky	0	1	22	17	0	5	34	16
Tennessee	0 2	6	6	ii	2	6	47	18 74 33 53
Alabama	2	ő	4	21	0	0	42	20
Mississippi	3	0	4	8	1	0	38	53
West South Central States:		-			-		-	-
Arkansas	8	0	2	2	2	0	35	18
Louisiana	28	ő	10	7	o l	0	38	37
Oklahoma 3	12	Õ	12	8	5	8	43	66
Texas	6	0	22	16	14	8	26	66
Mountain States:	-							
Montana	0	0	7.	8	3	2	3	1
Idaho	i	i	0	Ö	1	5	4	. 1
Wyoming	0	0	3	3	0	8	0	
Colorado	0	1	6	2	1	9	8	7
New Mexico	0	1	2	2	1	0	4	1
Arizona	0	0	1	0	0	0	7	1
Utah 2	0	0	2	3	ō l	3	1	i
Pacific States:				- 1			-	
Washington	1	0	13	4	16	30	5	
Oregon.	2	1	2	0	6	8	8	8
California	71	1	26	65	18	10	30	23

Week ended Friday.

## SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week;

State	Menin- gococ- cus menin- gitis	Diph- theris	Influ- enza	Ma- laria	Mea- sles	Pellag-	Polio- mye- litis	Scarlet fever	Small- por	Ty- phoid fever
June, 1930 California District of Columbia Maryland	20 2 0	212 25 57	79 4 24	2	5, 919 260 138	13	208	393 34 188	178 0 0	77
Nevada North Carolina Virginia July, 1930	7 6	42 58	45 323	77	14 268 1, 259	748 160	18 7	63 72	16 44 6	133 137
Iowa Nebraska New Mexico	2 4	12 25 15	*******	18	78 76 52	13	9 0. 5	36 39 14	182 80 12	7 19 30

<sup>&</sup>lt;sup>2</sup> Figures for 1930 are exclusive of Oklahoma City and Tulsa.

June, 1930		Tetanus:	Cases
Anthrax:	Cases	California	
California	- 1	Maryland	1
Actinomycosis:		Trachoma:	
California	1	California	8
Chickenpox:		Maryland	
California	941	Trichinosis:	•
District of Columbia		California	1
Maryland		Tularaemia:	
North Carolina		California	2
Virginia	305	Nevada	3
Diarrhea:	800		5
	11	Virginia.	0
Maryland.	11	Typhus fever:	
Diarrhea and dysentery:		Maryland	11
Virginia	1, 750	Nevada	1
Dysentery:		Virginia	5
California (amebic)	4	Undulant fever:	
California (bacillary)	23	California	13
Maryland	11	Maryland	3
Food poisoning:		Virginia	1
California	33	Vincent's angina:	
German measles:		Maryland	0
California	42	Whooping cough:	
Maryland	121	California	863
North Carolina	141	District of Columbia	19
Granuloma, coccidioidal:		Maryland	195
California	1	North Carolina	1, 201
Impetigo contagiosa:		Virginia	751
Maryland	3		
Jaundice:		July, 1930	
California	1	Chicken pox:	
Leprosy:		Iowa	23
California	2	Nebraska	47
Lethargic encephalitis:	-	New Mexico	16
California	4	Dysentery:	10
Mumps:	- 1	New Mexico (bacillary)	1
California	1 048	Mumps:	•
Maryland	60		32
	12	Iowa	24
Nevada	12	Nebraska	
Ophthalmia neonatorum:	2	New Mexico	10
North Carolina	2	Puerperal septicemia:	
Paratyphoid fever:		New Mexico	1
California	10	Rabies:	
North Carolina	1	Iowa	1
Rabies in animals:		Septic sore throat:	
California	90	Nebraska	9
Maryland	3	Tetanus:	
Rocky Mountain spotted or tick fever:		Iowa	1
	2	Undulant fever:	
California		Iowa*	15
	2		
California	2	Whooping cough:	
California	4	Whooping cough:	61
California			61 60
California.  Nevada  Scabies:  Maryland		Whooping cough: Iowa	

## PATIENTS IN INSTITUTIONS FOR THE CARE OF EPILEPTICS, OCTOBER TO DECEMBER, 1929

Reports for the fourth quarter of the year 1929 have been received from 13 institutions for the care and treatment of epileptics, located in 13 States. The total number of patients in these institutions on December 31, 1929, including those on parole or otherwise absent, but still on the books, was 9,324.

th

## The first admissions were as follows:

Month	Male	Female	Total
October, 1929. November, 1929. December, 1929.	83 56 59	62 47 41	145 103 100
Total	198	150	349

Of the new admissions during the three months, 56.9 per cent were males and 43.1 per cent were females, the ratio being 132 males per 100 females.

During the quarter 193 patients were discharged—128 males and 65 females. Ninety-one male patients and 65 female patients died. The annual death rates, based on the number of persons on the books of the institutions the middle of November, were: Males, 73.7 per 1,000; females, 58.8 per 1,000; persons, 66.6 per 1,000.

On December 31, 1929, there were 4,920 males and 4,404 females on the books of the institutions, giving a ratio of 112 males per 100 females.

The following table shows for the 13 institutions the number of patients in the hospitals and on parole at the beginning of the quarter and at the end of each month and the percentages of the total patients who were on parole.

	Oct. 1,	Oct. 31,	Nov. 30,	Dec. 31,
	1929	1929	1929	1929
Patients in hospitals: Male	4, 584	4, 630	4, 631	4, 562
	4, 162	4, 204	4, 208	4, 175
Total	8, 746	8, 834	8, 839	8, 737
Patients on parole: Male Female	276	262	273	358
	196	178	186	229
Total	472	440	459	587
Total patients on books: Male Female	4, 860	4, 892	4, 904	4, 920
	4, 358	4, 382	4, 394	4, 404
Total	9, 218	9, 274	9, 298	9, 324
Per cent of total patients on parole: Male Female	5.7	5. 4	5. 6	7. 3
	4.5	4. 1	4. 2	5. 2
Total	5.1	4.7	4.9	. 6.3

## GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 94 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 31,350,000. The estimated population of the 87 cities reporting deaths is more than 29,760,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

## Weeks ended July 26, 1930, and July 27, 1929

	1030	1929	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	585	834	
94 cities	233	410	467
Measles:			
45 States	1,966	2,009	
94 cities	660	418	
Meningococcus meningitis:			
46 States	64	103	
94 cities	31	62	
Poliomyelitis:		-	
46 States	221	53	
Scarlet fever:			
46 States	782	1,079	
94 cities	302	353	278
Smallpox:		000	2.0
46 States	382	417	August
94 cities	41	49	17
Typhoid fever:	**		
46 States	830	778	
94 cities	110	105	124
04 CH460		100	144
Deaths reported			100
Influenza and pneumonia:			
87 citles	336	297	
Smallpox:			
87 citles	0	0	

## City reports for week ended July 26, 1930

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence the number of cases of the disease under consideration that may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding weeks of the preceding years. When the reports include several epidemics, or when for other reasons the median is unsatisfactory, the epidemic periods are excluded, and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If the reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1921 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviation from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

		Diph	theria	Influ	ienza			Pneu-	
Division, State, and city	Chicken pox, cases reported	Cases, estimated expect- ancy	Cases reported	Cases reported	Deaths reported	Measles, cases reported	Mumps, cases reported	monia, deaths reported	
NEW ENGLAND									
Maine:									
Portland	1	1	0	-	0	1	1	1	
New Hampshire:	•	-				-			
Concord	0	0	0		0	0	0		
Manchester	ŏ	ŏ	o o		1	ő	ő	i	
Nashua	ő	ő	0		ō	4	ő	i i	
Vermont:									
Barre	0	0	0		0	1	0	0	
Burlington	0	ő	1		0	Ô	ő	0	
Massachusetts:									
Boston.	12	23	0		0	55	13	9	
Fall River	1	2	ō		0	2	4	3	
Springfield	i	ī	ŏ		ő	2	2	0	
Worcester	î	î	0		ő	8	õ	1	
Rhode Island:		-							
Pawtucket	0	0	0		0	0	0	2	
Providence	3	3	i		0	9	4	. 2	
Connecticut:									
Bridgeport	0	2	0		0	0	0	0	
Hartford	1	5	0		0	1	0	0	
New Haven	1	1	ů.		0	0	0	0	

		Dipht	heria	Influ	enza			Pneu-
Division, State, and city	Chicken pox, cases reported	Cases, estimated expect- ancy	Cases reported	Cases reported	Deaths reported	Measles, cases reported	Mumps, cases reported	monia, deaths reported
MIDDLE ATLANTIC								
New York:							0	
Buffalo	5	7	5		0	201	17	93
New York	34	201	1		ő	0	1	1
Rochester Syracuse	3 6	2	ō		0	30	0	1
New Jersey:								
Camden	0	3	1		0	8 9	0 3	
Newark	2	7	9		0	0	ő	1
Trenton	0	0	0					
Pennsylvania:	13	31	6		3	34	. 25	11
Philadelphia Pittsburgh	4	12	5		0	' 34	1	13
Reading	0	1	2		0	1	2 0	
Scranton	1	2	0		0	0	0	'
EAST NORTH CENTRAL								
Ohio:								
Cincinnati	4	4	0		0	10	0	
Cleveland	31	17	5		0	10	12	1 3
Columbus	6	3	3	2	2 0	3 1	1 3	
Toledo	7	3	3					
Indiana:	0	9	0		0	0	0	- 1
Fort Wayne Indianapolis	2	2	l o		0	6	1	
South Bend		2 2 0						
Terre Haute	0	0	0		0	1	1	(
Illinois:			48	2	0	13	34	22
Chicago	32	58	0	-	0	3	0	1 7
Springfield Michigan:		0						
Detroit	12	25	17		1	17	11	
Flint	0	2	0		0	11	1 0	
Grand Rapids	1	1	1		1	2	0	
Wisconsin:		0	0		0	2	3	
Kenosha Madison	3	1 1	ő			l õ	1	
Milwaukee	30	8	5	1	1	16	8	1
Racine	4	1 8 1	0		0	0	2 0	
Superior	7	0	0		0	0	0	1
WEST NORTH CENTRAL					7			
Minnesota:		1				1	0	
Duluth	1	1	1 4		0	3		
Minneapolis St. Paul	3	9	l i		Ö	2		
Iowa:	1 20						1	
Davenport	. 0	1	0			. 0	0	
Des Moines	0	1	0			0	0	
Sioux City	- 0	2 0	0			. 0	0	
Waterloo Missouri:	0						1	
Kansas City		2						
St. Joseph	0	1	0		. 0	0		
St. Joseph St. Louis	12	16	5			. 16	3	
North Dakota:					0	0	8	
Grand Forks	0		1 0		1	Ö	Ö	
South Dakota:	1 0	1 0		1	1		1	
Aberdeen	2	0	0			. 4	0	
Sioux Falls	Ō	0	0			. 0	0	
Nebraska:					0	2	1	
Omaha Kansas:	. 0	2	5		1 0	1 "		
Topeka	0	0	0		. 1	0	8	
Wichita	Ö				1 0	0	0	

1902

	1	Diph	theria	Infl	ienza			-
Division, State, and city	Chicken pox, cases reported	Cases, estimated expect- ancy	Cases reported	Cases reported	Deaths reported	Measles, cases reported	Mumps, cases reported	Pneu- monia, deaths reported
SOUTH ATLANTIC								
Delaware:			1		11			
Wilmington Maryland:	0	1	0		0	1	0	1
Baltimore	6	10	8	1	0	1	7	13
Cumberland Frederick	0	0	0		. 0	0	0	
District of Columbia:								
Washington Virginia:	0	•	7	1	1	13	0	
Lynchburg Norfolk	0	1	0 2		0	0	0	
Richmond	. 1	1 0 2 0	í		1	2	0	
Roanoke West Virginia:	0	0	0		Ō	1	0	
Charleston	0	0	0		. 0	0	0	1
Wheeling North Carolina:	0	0	- 0		0	0	0	1
Raleigh	0	0	0		0	0	0	(
Wilmington Winston-Salem	. 0	0	0		0	1 0	0	2
South Carolina:								
Charleston	0	0	0	4	0	0	0	1
Georgia:								
Atlanta Brunswick	0	0	0		0	0	0	
Savannah	Ŏ	Ö	2	1	0	1	1	i
Florida: Miami	0	1	0		0	0	2	2
St. Petersburg	0	0			0			1
Tampa  BAST SOUTH CENTRAL	0	0	1		٥	5		
Kentucky: Covington	0	0	1		0	3	0	4
Cennessee:							0	
Memphis Nashville	0	1	0		0	0	0	4
Alabama: Birmingham	0				0	6	0	
Mobile	0	0	0 2		0	ő	0	2
Montgomery	0	0	1			0	0	
WEST SOUTH CENTRAL			-					
Arkansas: Fort Smith	0	0	0			0	0	
Little Rock	ő	0	ő		0	ő	0	2
Louisiana: New Orleans	0	5	3	4	3	. 0	0	0
Shreveport	Ö	ő	ő		0	1	1	Ö
Oklahoma: Tulsa	0	0	0			0	0	
Texas:								
Dallas Fort Worth	0	3	0		0	0	0	0 2
Galveston	0	0	0		0	0	0	2 2 2
Houston San Antonio	0	1	1		0	0	0	5
MOUNTAIN				7377			100	
Montana:		34		1		- 1		
Billings	0	0	0		0	0	0	0
Helena	0 0	0	0		0	1 1	0 0	0
Missouladaho:	0	0	0		0	ō	0	1
Boise	0	0	0		0	2	0	0
Colorado: Denver			8		0	4		7
Pueblo	0 2	7	ő		0	6	0 5	7 0
New Mexico: Albuquerque	0	0	0		0	1	0	0

			Dip	htheria			Influ	enza					
Division, State, an	po	hicken x, cases ported	Cases, estimate expect- ancy	d Cas			Cases ported	Death	s repo	ses orted		umps, cases ported	Pneu- monia, deaths reported
MOUNTAIN-cont	d.												
Arizona:													
Phoenix Utah:		0	0		0				0	0		0	(
Salt Lake City		0	2		0				0	6		3	
Nevada: Reno		0	0		0				0	0		0	
PACIFIC													
Washington:													
Seattle		8	0		0					22		11	
Spokane Tacoma		2	2		1				ō	8 7		0	·····i
Oregon: Portland	- 1	2	5		1		2		0	5			2
Salem		4	ő		o				0	ő		i	ő
California: Los Angeles		17	29		11		9		1	37		22	0
Sacramento		1	9		0			- 1	0	3		4	i
San Francisco.		6	9		2		1		0	4		2	1
	Scarl	et fever	1	Smallpo	X		Tuber		phoid f	ever		Whoop	
District Otata		1	0				culo-		1	1		ing	Deaths.
Division, State, and city	Case:		Cases,	Cases	Dea	ths	sis, deaths	Cases,	Cases	Deat	hs	cough,	all
	mate	d re-	mated	re-	re	-	re-	mated	re-	re-		re-	causes
	ancy		ancy	ported	por	tea	ported	expect- ancy	ported	port	ea	ported	
NEW ENGLAND													
Maine:													
Portland	1	2	0	0		0	1	0	11		0	3	31
New Hampshire: Concord	0	0	0	0		0	1	o	0		0	0	8
Manchester Nashua	0		0	0		0	1	0	0		0	0	23
Vermont:		0					0	0	0		0	0	
Barre Burlington	0		0	0		0	1	0	0		0	0	2
Massachusetts:		1	0	0		0	0	0	0		0	0	
Boston Fall River	19		0	0		0	16	0	0		0	32	187
Springfield	1 1	3 0	0	0		0	1 3	0	0 0		0	3	27 21
Worcester Rhode Island:	1	2	0	0		0	3	0	0		0	5	44
Pawtucket	0	2	0	0		0	0	0	0		0	0	15
Providence	2	4	0	0		0	2	0	0		0	17	58
Bridgeport	2	1	0	0		0	1	1	0		0	0	28
Hartford New Haven	1	0	0	0		0	0	0	0		0	3	39 32
MIDDLE ATLANTIC								-					
New York:													
Buffalo	6	7	0	0		0	7	1	0		0	35	121
Rochester	37	1 5	0	0		0	115	0	10		8	102	1, 541
Syracuse New Jersey:	2	5	Ŏ	0		0	0	ő	0		ŏ	89	37
Camden	0	0	0	0		0	0	1	0		0	0	41
Newark	5	3 4	0	0		0	7 3	1	0		0	20	80
Trenton Pennsylvania:	0		0	0		0	3	1			0	0	42
Philadelphia	19	27	0	0		0	28	5	4		1	30	559
Pittsburgh	9	0 1	0	0		0	6 1 0	5 3 0 1	0 0		1 0 0 0	20 4 9	161
Reading						ŏ							

1904

	Scarle	t fever	-	Smallp	Z	Tuber-	T	phoid i	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re ported	culo- sis, deaths re-	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
EAST NORTH CENTRAL Ohio:											
Cincinnati Cleveland Columbus Toledo	4 11 2 2	6 17 0 0	0 0 1	0 0 2	0 0 0	15 15 4 5	2 3 0 2	3 5 0	0	66 0 5	161 196 97 81
Indiana: Fort Wayne Indianapolis	0 2	2	0	0 5	0	0 7	0	5 1	0	0 18	10
South Bend Terre Haute	0	0	0 0 0		0	0	0	0	0	0	16
Olinois: Chicago Springfield	32	50	1 0	4 0	0	43	5 0	2 0	2 0	72 2	637 16
Michigan: Detroit Flint	28	18	0	0 1 1	0	21 1	4 0	1 0	0	102	250 16
Grand Rapids. Wisconsin: Kenosha	3	5 2	0	0	0	0	0	0	0	11	27
Madison Milwaukee Racine Superior	1 6 1 2	1 10 3 3	0	0	0 0	3 0 1	0	1 0 1	0 0	7 79 11 0	92 15 6
WEST NORTH CENTRAL											
Minnesota: Duluth Minneapolis St. Paul.	3 11 7	0 2 1	0 0 1	1 1 0	0	1 0 3	0 1 1	0 3 1	0 1 0	11 0 6	25 71 49
Davenport Des Moines	0	0	0	6			0	0		0	28
Sioux City Waterloo Missouri:	0 0	2 2 0	0	2			0	0		1	
Kansas City St. Joseph St. Louis	0 6	2	0 0	0	0	1 9	0 5	1 3	0 3	2 6	29 262
Fargo Grand Forks	1 0	0	0	0	0	0	0	0	0	3 0	8
Aberdeen Sioux Falls	0	0	0	1			0	2		2	9
lebraska: Omaha lansas:	1	2	0	2	0	1	0	15	0	2	72
Topeka Wichita	1	3	0	0	0	0	0 2	1	0	15	20 32
BOUTH ATLANTIC											
Wilmington faryland: Baltimore	6	4	0	0	0	19	6	0	1	37	30 286
Frederickistrict of Colum-	0	0	0	6	0	0	0	0	0	0	10
bia: Washington irginia:	4	2	0	0	0	15	3	1	0	8	182
Norfolk Richmond Roanoke	0 0 2 0	0 0 4 1	0	0 1 0 0	0	0 0 3 3	1 2 2 0	4 3 0 1	0	0 -	15 70
est Virginia: Charleston Wheeling orth Carolina:	0	0	0	0	0	1 0	1 0	1 0	0	12	18 15
Raleigh Wilmington Winston-Salem	0	0 1 2	0	0 0	0	0 0	0 0	0	0	0 23 5	18 16 20

M

Ne Ari

Oreg

Calif

	Scarle	t fever		Smallp	) T	Tuber-	Ту	phoid f	ever	Whoop	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	re-	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	ing cough, cases re- ported	Deaths all causes
SOUTH ATLANTIC—				,							
South Carolina: Charleston Columbia Georgia:	0	0	0	0	0	1	. 1	4	0	0	40
Atlanta Brunswick	1 0		1 0	0	0		2	0	0	0	
Savannah Florida:	0	1	0	0	0	0	2	4	0,	0	21
MiamiSt. Petersburg_	0	0	0	0	0	. 3	1	0	0	0	27 11 26
Tampa	0	0	0	0	ő	3	0	0	o l	0	26
EAST SOUTH CENTRAL											
Kentucky: Covington Tennessee:	0	1	0	0	0	0	0	0	1	0	~~~~~
Memphis Nashville	1 0	1 2	0	0 3	0	4	9 6	9	0	0	63 53
Alahama: Birmingham	1	3	1	0	0	5	8	2	0	6	
Mobile Montgomery	0	0	0	0	0	0	1 2	0 0	ő	0	64 27
WEST SOUTH CENTRAL											
Arkansas: Fort Smith	0	0	0	0			1	0		3	
Little Rock Louisiana;	0	Ö	ŏ	ő	0	1	î	1	0	0	
New Orleans	3	7	0	0	0	12	4	3	1	4	121
Shreveport Oklahoma:	0	0	0	0	0	2	1	0	0	0	24
Tulsa Texas:	0	2	0	0			2	4	******	4	
Dallas Ft. Worth	1	5	0	0	0	1	3	3	0	4	55
Galveston	0	0	0	0	0	1	0	0	0	0	88 82 13 82
Houston San Antonio	1	0	0	0	0	6	1 2	3	0	0	71
MOUNTAIN							-				
Montana: Billings	0	0	0			0					
Great Falls	0	1	0	0 0 0	0	0	0	0 0 1	0	2 0 4 0	7
Helena Missoula	0	0	0	0	0	0	0	0	0	0	11
daho: Boise	0	0	1	0	0	1	0	1	0	1	8
Colorado: Denver	3	1	0	1	0	3	1	0	0	36	68
Pueblo New Mexico:	1	0	Ö	õ	ő	0	ô	ő	ő	7	10
Albuquerque	0	0	0	0	0	2	0	0	0	0	7
Phoenix.	0	1	0	0	0	1	0	0	0	0	17
Salt Lake											
City	1	1	0	0	0	1	1	0	0	32	- 20
Reno	0	0	0	1	0	0	0	0	. 0	0	8
PACIFIC											
Vashington: Seattle	2 0	8	1	2			0	1 _		17	
Spokane Tacoma	0	0 2	0 1	3 -	0	0	0	0 -	1	7 -	27
regon: Portland											
Salemalifornia:	0	0	0	0	0	0	0	0	0	10	50
Los Angeles Sacramento	11	6	7 0	1	0	19	8	2	1 0	41	200
San Francisco.	5	5	0	0	0	3 7	0 2	1 1	0	0	24 141

	Menin men	gococcus ingitis	Letha	rgie en- nalitis	Pe	llagra	Polion	yelitis ( paralysi	infantile s)
Division, State, and city	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	1	. 0	0	0	0	0	1	3	
Connecticut:	0	0	0						
Bridgeport		0	U	0	0	0	0	1	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0 2	0	0	0	2 2	0
New York 1 Syracuse	7	6	0	0	0	0	12	2	1 0
New Jersey:		- 1	U	0		0	0	6	0
Newark	2	1	- 0	0	0	0	0	0	0
Pennsylvania: Philadelphia	1	0	0	0					
		١	. 0	0	4	1	0	1	1
EAST NORTH CENTRAL							1		
Ohio: Cleveland	0	0	0	0	0	0			
Toledo	i	ő	1	1	0	0	0	1	0
Indiana:							1		
Indianapolis	2	0	0	0	0	0	0	0	0
Illinois:									
Chicago	2	1	1	0	1	1	2	0	0
Michigan:	-								
DetroitGrand Rapids	7	0	1	9	0	0	1	0	1
Wisconsin:	١	0	0	0	0	0	0	1	0
Milwaukee	1	1	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis	0	0	0	0	0	0	0	1	
Missouri:							۰	1	U
St. Louis Kansas:	0	1	0	1	0	0	0	0	0
Wichita	0	0	0	0	0	0	0	0	1
SOUTH ATLANTIC	-	٦	"	١	۱	١	"	١	
			- 1						
Maryland:					-				
BaltimoreVirginia:	1	1	1	1	0	0	1	1	0
Norfolk	1	0	0	0	0	0	1	3	0
Richmond	0	1	0	1	0	0  *	0	1	ő
North Carolina: Raleigh	0	0	0	0	0				
Wilmington	ő	0	ő	0	1	1 0	0	0	0
Winston-Salem	0	0	ő	0	9	2	0	0	ő
South Carolina:					-	- 1			MI C
Charleston	0	0	0	1	3	2	0	0	0
Savannah 1	0	0	0	0	2	0	0	0	0
Florida: Tampa t	0								
	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Cennessee:							1		
Memphis	3	0	0	0	0	1	0	0	0
Birmingham	0	0	1	0	0	1	0	0	0
Data ingularit	"	0	-1	0	0	1	0	0	0

<sup>&</sup>lt;sup>1</sup>Typhus fever, 3 cases: 1 case at New York City, N. Y., 1 case at Savannah, Ga., and 1 case at Tampa, Fla.

		gococcus ngitis	Letha	rgie en- alitis	Pel	lagra	Poliom	yelitis (i paralysis	infantile
Division, State, and city	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
WEST SOUTH CENTRAL									
Arkansas: Little Rock	0	0	0	0	0	1	0	0	
Louisiana: New Orleans Shreveport	0	0	0	0	1 0	0	1	0	0
Texas: Dallas Fort Worth	0	0	0	0 0	2 0	2	0	5	1 0
San Antonio MOUNTAIN	0	0	0	0	0	0	0	0	,
Utah: Salt Lake	1	1	0	0	0	0	0	0	0
Oregon:									
Portland	0	0	1	2	0	0	0	0	0
Los Angeles Sacramento San Francisco	0 1 1	0 0 1	0	0	0 2 0	0 0	0 0	40 0 2	0 0

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended July 26, 1930, compared with those for a like period ended July 27, 1929. The population figures used in computing the rates are approximate estimates, authoritative figures for many of the cities not being available. The 98 cities reporting cases have an estimated aggregate population of more than 32,000,000. The 91 cities reporting deaths have more than 30,500,000 estimated population.

Summary of weekly reports from cities, June 22 to July 26, 1930—Annual rates per 100,000 population, compared with rates for the corresponding period of 1929

## DIPHTHERIA CASE RATES

					Week e	nded-				
	June 28, 1930	June 29, 1929	July 5, 1930	July 6, 1929	July 12, 1930	July 13, 1929	July 19, 1930	July 20, 1929	July 26, 1930	July 27, 1929
98 cities	67	110	59	89	59	88	2 49	73	1 39	6
New England Middle Atlantic East North Central West North Central	62 65 98	94 144 131 85	51 59 91 36	70 101 128 77	38 52 87	79 99 119 69	33 48 66 38	83 76 105 54	22 35 4 50 4 38	58 71 100
South Atlantic East South Central West South Central	98 70 24 15 37	34 34 69	24 40 52	34 27 72 26 43	87 66 29 27 64 26 61	43 41 84	43 13 13	30 27 69	1 39 27 34	2 2 2 9
Mountain Pacific	64	26 84	38	26 43	26 61	26 41	69 38	17	69	3

<sup>&</sup>lt;sup>1</sup> The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1930, and 1929, respectively. See end of table for other footnotes.

Summary of weekly reports from cities, June 22 to July 26, 1930—Annual rates per 100,000 population, compared with rates for the corresponding period of 1929—Continued

Continued		MEAS	SLES (	CASE	RATES					
					Week e	nded-				
	June 28, 1930	June 29, 1929	July 5, 1930	July 6, 1929	July 12, 1930	July 13, 1929	July 19, 1930	July 20, 1929	July 26, 1930	July 27, 1929
98 cities	500	267	276	195	257	150	1 151	98	* 110	69
New England Middle Atlantic East North Central West North Central South Atlantic. East South Central. West South Central. West South Central. Mountain. Pacific.	762 640 334 264 234 256 19 1, 416 931	211 99 620 256 137 7 156 148 208	498 339 170 137 165 142 26 712 527	209 76 474 114 73 27 69 148 138	421 322 155 127 130 202 19 566 562	186 51 351 104 49 14 61 104 152	235 205 71 57 • 114 47 • 11 240 361	146 47 210 52 43 7 4 61 109	175 152 460 73 752 61 7 172 191	101 27 149 58 17 7 27 70
	SC.	ARLET	FEVJ	ER CA	SE RA	TES				
98 cities	109	112	77	88	72	83	1 54	64	3 50	59
New England. Middle Atlantic East North Central West North Central South Atlantic. East South Central West South Central Mountain. Pacific	124 89 184 97 62 61 41 60 57	119 72 191 104 62 34 42 70 164	66 57 116 102 57 13 49 163 45	90 46 173 38 60 55 23 44 135	66 51 115 83 62 47 37 86 50	83 41 160 79 64 48 42 35 89	60 37 87 42 45 20 723 77 57	56 35 103 54 69 55 72 78 65	66 36 477 431 737 54 49 26 45	56 19 110 77 60 27 57 26 65
		SMAL	LPOX	CASE	RATES	,				
98 citles	13	15	7	15	7	8	16	13	•7	8
New England Middle Atlantic East North Central West North Central South Atlantic East South Atlantic West South Central Mountain Pacific	0 0 10 51 9 7 22 51 50	0 0 38 19 2 7 4 113 14	0 0 5 13 2 20 0 51 38	0 0 41 13 2 21 11 35 24	0 9 9 0 20 7 9	0 19 15 2 7 15 35 10	0 10 13 4 4 0 8 17 21	0 0 32 21 2 7 0 44 34	0 0 48 422 72 20 4 17 26	0 0 16 21 0 7 8 9
	TY	PHOID	FEVE	R CAS	E RAT	res				
98 cities	13	12	10	10	16	14	1 15	18	118	18
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mest South Central Pacific Pacific	9 5 10 13 37 67 34 34 5	9 7 3 15 30 34 34 52 19	7 6 1 8 26 94 49 0 5	4 6 4 13 32 48 8 17	4 10 6 9 55 94 37 0 17	4 7 7 7 10 7 157 84 9	9 4 9 23 *37 67 *61 26 19	9 10 8 19 32 144 57 52 5	7 7 4 13 5 56 7 35 74 41 17 12	29 7 8 13 37 103 69 44 7

See end of table for footnotes.

Summary of weekly reports from cities, June 22 to July 26, 1930—Annual rates per 100,000 population, compared with rates for the corresponding period of 1929—Continued

## INFLUENZA DEATH RATES

					Week	ended-				
	June 28, 1930	June 29, 1929	July 5, 1930	July 6, 1929	July 12, 1930	July 13, 1929	July 19, 1930	July 20, 1929	July 26, 1930	July 27, 1929
91 cities	3	5	4	2	4	3	• 3	3	13	1
New England	0 2 3 0 5	4 4 0	2 4 2 0	0 3 1 0	0 4 3 6 2	2 2 3 0	0 3 2 0	0 2 3 3 6	0 1 43 44	
East South Central	15 11 0	15 4 44	7 15 0	15 4 0	15 8 0	7 4 26	0 11	20	0 11 0	
Pacific	3	8	9	ő	3	0	6	3	8	

## PNEUMONIA DEATH RATES .

91 cities	68	64	55	63	54	55	* 44	55	* 56	49
New England	49	58	29	49 67	40	29	35	70	40	31
Middle Atlantic	75	65	58	67	57	62	56	65	72	57
East North Central	56	69	41	56	38	50	32	40	4 37	38
West North Central	86	48	62	63	74	51	38	36	8 42	51
South Atlantic	66	62	85	69	55	58	0 47	54	7 76	60
East South Central	103	75	162	75	81	30	59	52	103	52
West South Central	92	66	84	109	84	82	50	27	103	86
Mountain.	77	104	60	61	103	44	51	96	77	61
Pacific	55	38	64	31	61	53	18	63	9	25

<sup>&</sup>lt;sup>2</sup> Columbia, S. C., and Fort Smith, Ark., not included.
<sup>3</sup> South Bend, Ind., Kansas City, Mo., Columbia, S. C., and Atlanta, Ga., not included.
<sup>4</sup> South Bend, Ind., not included.
<sup>5</sup> Kansas City, Mo., not included.
<sup>6</sup> Columbia, S. C., not included.
<sup>7</sup> Columbia, S. C., and Atlanta, Ga., not included.
<sup>8</sup> Fort Smith, Ark., not included.

## FOREIGN AND INSULAR

## CANADA

Provinces—Communicable diseases—Week ended July 26, 1930.—The Department of Pensions and National Health reports cases of certain communicable diseases from eight Provinces of Canada for the week ended July 26, 1930, as follows:

Province	Cerebro- spinal fever	Influenza	Lethargic encepha- litis	Polio- myelitis	Smallpox	Typhoid
Prince Edward Island <sup>1</sup>		2		·····i		
QuebecOntarioSaskatchewan	1 4	2	1	5 3	10	1
Alberta British Columbia	1 2	9		1	1	
Total	8	13	1	10	16	2

<sup>&</sup>lt;sup>1</sup> No case of any disease included in the table was reported during the week.

Quebec Province—Communicable diseases—Week ended July 26, 1930.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended July 26, 1930, as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	1 5 27 1 1 50	Mumps. Scarlet fever. Tuberculosis (pulmonary). Tuberculosis (other forms). Typhoid fever. Whooping cough.	30 27 1 10 18

## DENMARK

Communicable diseases—May, 1930.—During the month of May, 1930, cases of certain communicable diseases were reported in Denmark as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	7 61 364 232 10 3, 152 10 2, 063	Mumps Paratyphoid fever Poliomyelitis Puerperal fever Scarlet fever Typhoid fever Undulant fever (Bae. abort. Bang) Whooping cough	1, 450 5 1 21 116 1 58 1, 195

## VIRGIN ISLANDS

Communicable diseases—June, 1930.—During the month of June, 1930, cases of certain communicable diseases were reported in the Virgin Islands as follows:

St. Thomas and St. John:	Cases	St. Croix:	Cases
Chicken pox	1	Gonorrhea	8
Gonorrhea	2	Syphilis	
Pellagra	1	Tuberculosis	1
Syphilis		Uncinariasis	
Tubermiosis	1		

## CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Hygiene, Pan American Sanitary Bureau, health section of the League of Nations, courres. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular contrines for which persons are given.

## HOLERA

(C indicates cases; D. deaths: P. present

		Pah	Mar	Ame						Week ended-	-papu						
	Feb. 8.	a.s.	A Die	May .		May, 1930	1930			June, 1930	930		-	July, 1930	930		Aug.
	1930	1930	1930	1930	10	17	8	31	-	1	12	88	10	12	61	98	1930
														4 ·			
		1				-	-	- 1	Ti	24		Ħ	T	24	-	III	
Didia Didia Di Di Di Di Di Di Di Di Di	6,461	5,914	5,866	-	-	1,600	9, 756	13, 647	10,088	•							
				1-10	000	40											
Bombay. Calcutta.	1	289	28.5	414	125	175	142	88	22	83	38	128	22	28	\$8		
				1		-	C	c	11		1 0		11-			T	
Tuticorin	000	-	100			-	•	100					-				
		*	1	9	63	64	61				-	64					
Karikal D		C4	. N		-	*	-				-						
Indo-China (see also table below): Prompenh				. 61	-	İ	1		10	97	=	=	0	91	-	1	
	AUA		540	26	55.55	252	282	131	-12	-22		010	01-10	>-		24	
Philippine Islands: Ports-													8	9	9	6	

1 11 0	2		205		80	10 20 25 8		7 3 4 18 4 9 48 134 104		1		2 4 6	- CO		∞-			
ao o	a o o	DAG	OAC CALL	AOC	pac	PAC	A C	DAO AO	AO	Aood	AO	20 C D C D C D C D C D C D C D C D C D C			o o	00	ao	9
Manila. Provinces— Antique.	Bulcen	Cebn	Doilo.	La Union	Masbate.	Misami	Negros, Occidental	Negros, Oriental	Nueva Ecia.	Pampanga Pangasinan Risal			Nagara Pathom	Songkla		S. S. Sassari, at Massoua, from Jeddah	yan Island.	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

CHOLERA—Continued

[Cindicates cases; D, deaths; P, present]

	Decem-	January			March, 1930	98	Y	April, 1930	_	2	May, 1930		June	June, 1930
Place	ber, 1929	ber, 1929 1930	ary, 1930		1-10 11-20 21-31 1-10 11-20	21-31	1-10	11-20	21-30	1-10	1-10 11-20 21-31	1	1-10	11-20
Indo-China (French) (see also table above):  Annam 1. C Cambodia 1. C Cochin-China 1. C	48	147	-88	99	22.22	199	188	0	8	188	888	52 256	256 147	128

Reports incomplete.

PLAGUE

[C indicates cases; D, deaths; P, present]

	Jan	_	Mar	Ane					×	Week ended-	-pep					
Place	4 %	P.M.	P A P.	May .		May, 1930	1930			June, 1930	0881			July, 1930	1930	
	1930		1830	1830	91	11	25	15		2	12	88	20	13	19	8
Algeria: A Iriem	C													-	64	
Constantine	000								-				-		2	
Argentina: Andalgala i			*												'	_
Kosario Santa Fo		9							Ħ	II						Ш
Atores: Ponta Delgada	0	•		90			I		Ħ							Щ
Belgian Congo	006			٩			Ħ		II				64.6			Ш
Brazil: Rio de Janeiro.													•			
Sao Paulo. <sup>3</sup> British East Africa (see also table below):				;				1.								
Tanganyika	000		Ш	:8:		00		1	5							Ш
Ceylon:		202	25	100	5\$	22		133	12							11
Colombo	PO	**.	***		400									64 64		11
Chile: Antologusta.			N-C	*				T	1							11
Dutch East Indies: Batavia and West Java.					20	28	12	2:	25	22						
Plague-infected rats Celebes—Makasar	D 104	90	200	, m	2	3	-00	40	200	7						111
Java and Madura.	_	7 296	223	173	- 88	74	98	89	40							-

10n Mar. 11, 3 deaths from bubonic plague were reported in Andalgala, Catamarca Province, Argentina, since Feb. 5, 1930.

121 cases of plague with 5 deaths were reported Jan. 29, 1930, in the State of Sao Paulo, Brazil; 15 of these cases were in the city of Sao Paulo.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

## PLAGUE-Continued

[C indicates cases; D, deaths; P, present]

	3	4	3						×	Week ended-	-pep					
Place	FF.	Mar.	Apr.	May		May, 1930	1930			June, 1930	0281			July, 1930	938	
	1830	1830	1830	1930	01	11	2	12	-	2	12	88	10	12	10	8
Ecuador (see table below). Egypt:				•				-			1	1		1 .		
Assiont	1		-	101	01	0		. es e	964	0 6	000	-10	0 64 -	o en -	. 64	
Beheira	200		•	10		60	-	-	T	-		64	-	-	П	
Beni-Suef Dakahlieh	00	000	40	10	60	1	2	100	-		T					
Gharbieh.	100		-	-		-	-									
Girga. Minish	000							Ħ-	Ti-	Ti-		11			II	
Port Sald. France: St. Ouen.	ADC			-		1	-	-	T	-	T	-	1	I		
Greece (see also table below): Patrus.	Q O										-			П	-	
	000													Ш	•	
Hawali Territory, Hamaqua, Hawali: Piague-infected rats. India	0 4,814	5, 639	4,087	2, 215	281	188	- 411	62	200		-	H	Ħ	Ħ		
Bassein		3,940	, 344 80.	1,960	-	308	18	98	3	T	H	11	Ħ	T	T	
Bombay	100	1				-		1	-	IT	0	†	Ħ	Ħ	II	
Plague-infected rats. Madras Presidency	100	128	15780	.84 .84	- 25 00	8		28	98	101	-000	-	22	12-	9	
Rangoon	100						400	0	2	N	-	-	T	-	11	
Plague-infected rats.			_		-	- 00					*	-				

Indo-China (see also table below): Prompenh		1	00	-	1	64	9				-	-
Saigon and Cholon.		13	•	1	-	11	7	1	-	I	T	-
Iraq: Baghdad				7 11	7	12	40	- 00	-	10	-	64.
Japan: Osaka (vicinity of)—Plague-infected rats. Kwang-Chow-Wan	8 - S		Mw P.		•		- 8	0 00		9	Ш	-11
Marocco	-		1_	19	28	125	-81	1			Ħ	II
Nigeria: Lagos.								mm				
Pingue-infected rate. Benegal (see table below).					w =							
Bangkok			9	111	-							
Nagara Pathom.	L		00	-		00				I		II
Nagara Rajsima.						H						II
Byria: Beirut.	20	1	1				2	-	-		64	-
Sint district. Tunis	89	5 1		17		*-	9	~		Ì	-	-
Union of Socialist Soviet Republics: Salsk Region.									-	П	-	
Stavropol Region.	ADI					11						III
Union of South Africa: Cape Province	1 0		<u>A</u>									
Orange Free State	D 15	- 20	1							II	II	II
Transvaal												II
On vessel: At Rio de Janeiro, Brasil, from Arcentina												

# CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

PLAGUE-Continued

[C indicates cases; D. deaths; P. present]

DADADA DADADADA	000000 0000000000000000000000000000000	Janu   Reb   Janu   Reb   Janu   Reb   Janu   Reb   Janu   Reb   Janu   Janu	Janu- Feb. March. 1880 1890 1890 1890 1890 1890 1990 1990	Валь Вар	June, 1930 Place	Madagnecar (see also table above)—Con Moramanga Province.  Tamatave Province.  Tananarive Province.	Baol 1.	Tivaouane 1.
Mary. 1930 22 22 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Reb. 1100 1000 1000 1000 1000 1000 1000 10	Feb. March 1830 1930 1930 1930 1930 1930 1930 1930 19	Feb. March, 1930 1930 1930 1930 197 52 197 52 197 188 188 188 188 188 188 188 188 188 18	Feb. March, April, M. ary, 1930 1930 1930 1930 1930 1930 1930 1930	Place	scar (see also table above)—Con. ananga Province	11	
	Reb. 1100 1000 1000 1000 1000 1000 1000 10	Feb. March 1830 1930 1930 1930 1930 1930 1930 1930 19	Feb. March, 1930 1930 1930 1930 197 52 197 52 197 188 188 188 188 188 188 188 188 188 18	Feb. March, April, M. ary, 1930 1930 1930 1930 1930 1930 1930 1930	Janu- ary, 1930			8 7

<sup>1</sup> Incomplete reports.

SMALLPOX

[C indicates cases; D, deaths; P, present]

	Jan		_							Weel	Week ended-	1					
Place	F. 6.	9 × ∞	4 A P	P. S.		May	May, 1930			June	June, 1930			July, 1930	1930	1	Ang
	1830				9	12	8	31	-	=	12	8	40	12	61	8	1880
lgeria: Algiera	0	-						64									
Constantine	00	- 19									-				1		
Arabia: Aden. Bollyia: LA Pat. 1 British Romeo: Sasurab	0 0	2 0		_									-				
Sritish East Africa (see also table below): Tanganylka	0	. 9	103	57	88	\$	125	276	388	755							
British South Africa: Northern Rhodesfa	0 0									- :							
Southern Rhodesia.	AOF	-		-8	25.		- g-	99	75	-							
Canada: Alberta	<u> </u>						•	i						64	-	64	
British Columbia—Vancouver		190	-8-	17.			641	640			ll'		64	2		-	
Ontario Fort William					7	22			7	2	22	10	69	9	9	10	
North Bay Ottawn. Toronto	0000	72	62	2		10		192	68		8-	-	-		7	7	
Montreal Saskatchewan Regina		92 76	8 47	7 41	97	•	Ö.			12	10			64		60	
Ceylon: Angoda, Western Province Colombo	DAD	11-	01.8	11	500												
	A																

From Jan. 1 to May 31, 1930, 44 deaths from smallpor were reported in La Paz, Bolivia.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

SMALLPOX-Continued

C indicates cases: D. deaths: P. present!

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~ 보다 집절 수 보
18 1678 18 1678
11 188 140
25 12

Great Britain: England and Wales Astron under Lyne Bradford	0000	1,530	1,700	1,427	462	324	304	327	782	266	341	182	156	88+	200	
Leeds. London. London and Great Towns.	POOOO	1, 156	1,239	2000	339	138 250	148 235	129	130	136	523	107	2-22	25.28	102	
Sheffield Stoke-on-Trent Scotland	1 1	7	- 23	85.2	61	0	13	21	81	9	356	-	00	64-	-	
Bedjar. India. Bombay. Calcutta. Cochin. Karachi. Madras. Moumein. Negspatam. Rangoon. Tuticorin. Vizagapatam. India (Fronch): Chandernagor. Karikal. Pondicherry Province.	SO DODODODODODODODO ODODODO ODODODO OD OD	20.05. 20	200 200 200 200 200 200 200 200 200 200	2.000000000000000000000000000000000000	24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 2.40 2.40 2.40 2.40 2.40 2.40 2.40	201 201 201 201 201 201 201 201 201 201	25.00 25.00	000 000 000 000 000 000 000 000 000 00	2825 50000-0 - « 0044-00	89585uuuses uuu sauusest	2022 8 6 8		2001 0-04 1 11 00	100014   Feedure	
Indo-China (see also table below): Pnompenh Saigon and Cholon	DAOR	+0	-	014040		-	-				•	, 111				

# CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

## SMALLPOX-Continued

[C indicates cases; D, deaths; P, present]

	Jan.	Feb.	Mar.	Apr.						Week	Week ended-	1					
Place	Feb.	Mar.	Apr.	May		May	May, 1930			June, 1930	1930		,	July, 1930	1930		Aug. 2
	1930	1830	1930	1930	10	17	24	31	-	7	21	88	20	12	19	8	1930
Iraq: Baghdad	DF	00-		00-					-				-				
Basta Mossoul Liwa Ivory Coast (see table below).	80 A00A	25 00		-g»	1 22 4		œ	64				60	19	81			
Marco Marco Marco Marco Marco Marco Marco Marco Marco (see also table below): Jalisco (State): Guadalajara.		6 4	⇒ H.	« g	1		•					•	60	-			
Mexico City and surrounding territory *.  Moreles State.*	-8-	82	301	84	စ္တမ	125	72 -	2 e	71.0	84	-8%	72					
San Luis Potosi.	AOF	-					-				-						
Morocco (see table below). Nigeria (see also table below): Lagos	0A	- 64	-	-								-					
Persia (see table below). Philippine Islands: Sarangani and Balut Islands ! Poland Poland Puttgal: Lisbon. Siamania		885-8	1-8	r-ss ss	9 8	1	8	8			64	-		4			
Somallland, British: Boales	-20 -20 -20 -20 -20 -20 -20 -20 -20 -20	200	80	•				Ш									
Straits Settlements	2000		2-6	1000	-	1000	101-10			111		200		-8		- "	
Sudan (Angio Egypuan)		200	3*9	7			-	_			•	5 00	D	4-	-	•	-

Sudan (French) (see table below).  Syria (see table below).  Tawan: Tailoku (see table below).  Tunisa: Tunis  Turkey (see table below).  Union of South Africa:  Cape Province  Orange Free State  Transval.  Upper Volta.  Zanzibar.  S. Tairos, at Liverpool, from London.  S. S. Karagola, at Lourence Marques, from India.  S. S. Karagola, at Lourence Marques, from India.  S. S. Karagola, at Port Sudal.  S. S. Naddera, at Port Said.	m India	0 00000 00000		** PHHS = 1	∞ Р <sup>Б</sup> Р <sup>В</sup> №	+ A 80 11 11	Α	- A	ρ	- A -			8	100				1- 11111 111111
			Бесеп	H		ė	Mar	March, 1930			April, 1930	08		May, 1930	930	_	June, 1930	930
Place			1929	1930 1930	1930 1930	1	1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31		1-10	11-20
Belgian Congo		DA	2.			-												
Dahomey Indo-China (see also table above)		11	145			434		1	8	261				173		132	98	133
Sudan (French)		II I	11 88	ន្តិនុខ		213		.00°	800	821	6	150	40		28-	178	50 a	
Talwan: Talboku		0		1			25	22	15	10					+		Ť	
Place	Per Ber	Jan- uary 1930	Feb- ru- 1930	March, April, 1930 1930	April, 1930	May, 1930				Place			Der. Der. 1929	Jan- uary, 1930	Feb- 70- 873, 1930	March 1930	March, April, 1930 1930	May, 1930
British East Africa (see also table above): Kenya. Uganda.	8	181	1001	175	174	78	Mexi- Moro Niger	cco. Dur	rango (s	Marico: Durango (see also table above) Morocco Nigeria (see also table above)	able abo	1 1 1 1		82	24	10	101	78
Chosen.	ADAD		84-8	00	10	8 8	Persia Turkey.	8. 67.					5 8 8 4 8 5 5 4 8 5 5 4 8 5 5 5 5	215	117		60	16

During the month of March, 1930, 100 cases of smallpox were reported in Mexico City, Mexico, and surrounding territory.

Newspaper reports of Feb. 4 show an epidemic of smallpox in Ionacatepec, Morelos State, Mexico, and vicinity, giving 600 deaths in preceding 2 weeks.
On Feb. 1, 1939, 317 cases of smallpox with 102 deaths were reported to that date in the Sarangani and Balut Islands.

# CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

TYPHUS FEVER [C indicates cases; D, deaths; P, present]

	1		Mar	_	Peb. Mar.					Week	Week ended-	1						1
Place	24	Feb. Mar	Apr.		April, 1930	08		M	May, 1930				June, 1930	1930		Jul	July, 1930	-
	80	30 1930		2	2	8		9	11	2	5	-	=	12	88	10	12	9
Algeria: Constantine Department	000	w+c	4.6 5.11	84	80	99	-	-	64	-	00 PM 00	22			-		8	
Arabia: Aden	ACC	•																11
Bolivia: La Par.¹ Brazil: Porto Alegre Bugaria.	000	111	625	15						10-				0	0		-	10-
Sofia. Chile: Tsicahuano.	D Q			-														
Valparaiso China: Manchuria—Harbin	000	-	-	50		8	2											
Tientsin Chosen (see table below). Czechoslovakia (see table below)	0	-	-															
Alexandria.  Beheira Province.	DOAG	71	81.0-	64		-64		0+	24	0+	10	17	16	4	1001	-	101	1111
Port Said Port Said Suer Great Britain: Scotland— Dunfermline	000 00	8-															1	
Glasgow Greece (see table below). Ing: Baghdad Liwa	O A O			63					-									
Ireland: Irish Free State— Irish Free State— Dingle—Kerry County  Mohill—Leitrim County  Roscommon—Roscommon County.	0000					90	64				64		-		0		-	

	16 2 1	27 16	y. June,				•		7
			1, May	ран					
	∞84	E.	April, 1930	нин		•			
	-80	62	March, 1930	1111	1 19	æ.	<b>x</b> 0		
	00 E	50	Feb- nry, 1930			84	9	-	
	64 Kg 80	64	Janu- ary, 1930		6	22 80		60	
	DOD	00				ကစ္ကက	-	64	
				4 444	3.∞ 1.	28-	-	***	
				4 4	19 6	2	-		-
			8	P.P.P.	82 6	u Bu	9	8	7
			Place	-	88   4	200	00		
					8-	P. 0. 4	-		
ER	oslavia	Lithuania	-	ο, ο,			00		
PEV	Turkey. Yugoslavia	Lith		P.P. P.		-24	100		
YELLOW PEVER	00		June, 1930	<b>BB</b> B	-F-	84	100	61 61	
YE	60	12	May, 1930	дад	12 13 13 13	egg g	-188		
	-	800	April, 1930	P. P.	-88	183	2		
	69	42	March, 1930	A"A	1 111	236	8	27	
-	•	75	Feb.	1 1111	11   1	O AGG	100		000
	22	10	Janu- ary, 1930					in Federal	
	00	00				-		ities ir	
	Greece: Athens Latvia	Chosen: Seoul	Place	Turkey (see table below). Union of South Africa. Cape Province. Natal Orange Free State Transvaal Yugodayia (see table below).	Oporto. Rumania Spain: Valencia Tunisia	Palestine. Poland. Tortugal: Lisbon.	Morocoo.	Latvia (see table below). Latvia (see table below). Mexico: Mexico City, including municipalities in Federal District.	Shillelagh—Wicklow County—Swinford—Mayo County—Westport—Mayo County

Roscommon-Roscommon County .....

Brazil:
Mage, on the Leopoldina Raliway, between Rio de Janeiro and Nictheroy, Apr. 22, 1830.
Campos, Rio de Janeiro Province, May 23, 1930.
Para, June 23, 1930.

Gold Coast, July 10, 1950 Liberia, Monrovita, June 3, 1930 Nigeria, Lagos, July 12, 1930 (probably laboratory infection)

 $^{112}$  deaths from typhus fever were reported in La Par, Bollvia, from Jan. 1 to May 31, 1930.  $\times$